



CHILD REGISTRATION: INDIANA SPECIAL NEEDS ADOPTION PROGRAM (SNAP) PICTURE BOOK

State Form 11840 (R4 / 9-04) / FPP 1440

DATE

ATTACH PHOTO

- Use head-shoulder photo against plain, light-colored background.
- On reverse of photo, write:
CHILD'S NAME
AGE
DATE OF PHOTOGRAPH
- Do not staple photo to this form: staples, holes will show in printing.

INSTRUCTIONS:

1. Please type or print legibly. Use reverse side if necessary.
2. Check completed form before mailing to address shown at right.
3. For further information contact your SNAP specialist.

Indiana Family and Social Services
Administration
Division of Family and Children
Adoption Services
402 West Washington Street
Room W364, MS08
Indianapolis, IN 46204

A. GENERAL INFORMATION

Name of child				Age	
Date of birth	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Race / Cultural heritage (See back of this form)		Language(s) spoken	
Height Ft. In.	Weight Lbs.	Color of eyes	Color of hair	Color of skin	Grade in school

B. RESTRICTIONS, FINANCES, FAMILY AND DEVELOPMENT

PLACEMENT RESTRICTIONS	Will single parent be considered? <input type="checkbox"/> Yes <input type="checkbox"/> No	Will out-of-state placement be considered? <input type="checkbox"/> Yes <input type="checkbox"/> No	
	Is child legally free for adoption? <input type="checkbox"/> Yes <input type="checkbox"/> No	Was child relinquished by court action ? <input type="checkbox"/> Yes <input type="checkbox"/> No	Was child relinquished by voluntary termination of parent's rights? <input type="checkbox"/> Yes <input type="checkbox"/> No
FINANCIAL INFORMATION	Is child eligible for any of the following financial resources? (check all that apply)		
	<input type="checkbox"/> Title IV-E Adoption Assistance Program (AAP) <input type="checkbox"/> Social Security benefits	<input type="checkbox"/> Indiana Adoption Subsidy Program (IASP) <input type="checkbox"/> Veteran's benefits	<input type="checkbox"/> County Adoption Subsidy (CAS)
FAMILY AND DEVELOPMENT	Will placement fee be charged? <input type="checkbox"/> Yes <input type="checkbox"/> No		
	Is child member of sibling group? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, how many in the group?	If Yes, to be placed together? <input type="checkbox"/> Yes <input type="checkbox"/> No

C. PERSONALITY AND BEHAVIOR OF CHILD

(In 100 words or more, please describe child's personality and behavioral traits in detail. Be sure to indicate child's likes, dislikes, special interests, accomplishments, activities, talents and / or hobbies when applicable. Also include information on child's social adjustment, peer relationships and maturity level.)

D. SPECIAL NEEDS OF CHILD

(In 100 words or more, please describe child's special needs in detail, including counseling, on-going medical care, psychological work-ups, etc. Be sure to include a detailed description of all applicable disabilities and explain any medical terms that are used and how health conditions / disabilities affect the child's educational status, current abilities and expected level of functioning as an adult.)

E. DISABILITIES

(0=none; 1=mild; 2=moderate; 3=severe)

Physical _____ Emotional _____ Mental _____ Learning _____

* See guidelines for coding disabilities in the Child Welfare Manual, Section 7 Adoption, Appendix for further explanation.)

List primary disability

List secondary disability

F. TYPE OF FAMILY NEEDED

(In 50 words or more, please describe the type of family needed for the child, including any special requirements, recommendations and / or preferences in characteristics. Be sure to indicate if child has siblings and with whom contact should be maintained.)

Child (age 14 or older) agrees to have information and photograph published in Picture Book. ☐ Yes ☐ No

Signature of child

Date signed (month, day, year)

Name of contact person

Name of alternate contact person

Name of agency

Agency telephone number

()

Address of agency (number and street, city, state, ZIP code)

RACE / CULTURAL HERITAGE**RACE:**

☐ (1) White

☐ (4) Asian

☐ (2) Black or African American

☐ (5) Native Hawaiian or Other Pacific Islander

☐ (3) American Indian or Alaskan Native

☐ *(6) Unable to determine

* Choose only when client refuses or is unable to identify race(s).

ETHNICITY:

☐ Hispanic ethnicity

☐ Yes

☐ No

☐ Not yet determined